



## NOTICE OF INTENT TO PLACE DHS CUSTODY CHILD

ND DEPARTMENT OF HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES/ADOPTION

SFN 764 (Rev. 05-2006)

### IN THE MATTER OF THE ADOPTIVE PLACEMENT OF

Child's Birth Name	
Date of Birth	Place of Birth (City and State)
Birth Mother Name	Birth Father Name
Child's Adoptive Name	

To be placed in the home of

Adoptive Parent(s) Name			
Address	City	State	Zip Code

The child was released for adoption by decree of the District/Juvenile/Tribal Court:

Date	Court
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The county of financial responsibility for adoption assistance purposes is:

County
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The adoptive placement is to be made on (this will be the date the adoption proceedings are initiated):

Date
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Dated this                      day of                      ,	
Adoption Worker Signature	LCPA/Tribal Agency
Supervisor/Director Signature	LCPA/Tribal Agency
Intended Placement Is	
Administrator, Adoption Services, NDDHS	Date
Comments	

Notice of Intended Placement shall be given the Department (15) days in advance of placement. Submit a copy of adoption assessment/homestudy and TPR (if not previously submitted) with this document.

Distribution: A copy should be retained by Child Placing/Tribal Agency.  
Department will return a copy of the final signed form.